

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 6      | 7-22-01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
| 1        | ✓    |
| 2        | ✓    |
| 3        | ✓    |
| 4        | ✓    |
| 5        | ✓    |
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| Claim    | Date |
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| Claim    | Date |
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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